

CASE NUMBER: 034252/2022

EXHIBIT(S) - 33 Death Cert - Caddoo - Death Cert - Caddoo Possible SSN Administratively Redacted

Document prepared for:
kevin barlow

CASE NAME

Rosemarie Mckinnis Est Of, Kathleen Mckinniss, Carin
Rosado, James Finn Est Of, Geraldine Finn Exr v. Ecohealth
Alliance Inc, Peter Daszak, Janet D Cottingham Aka, Janet
Dasz...

CASE FILING DATE

Oct. 5th, 2022

DOCUMENT FILED DATE

Jan. 4th, 2023

COUNTY

Rockland county, NY

JUDGE

Sherri L Eisenpress

CATEGORY

Torts - Environmental (SARS-COV-2)

STATUS

Active

EXHIBIT 33

EXHIBIT 33

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

Dec 10 2020

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

142-20-224265

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)				(Before Marriage)		2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy)	
PATRICIA MARIE CADDOO				GAARDER		DECEMBER 9, 2020	
3. SEX	4. DATE OF BIRTH (mm-dd-yyyy)	5. AGE-Last Birthday (Years)	IF UNDER 1 YR Mo Days		IF UNDER 1 DAY Hours Min		6. BIRTHPLACE (City & State or Foreign Country)
FEMALE	MAY 22, 1935	85					YONKERS, NY
7. SOCIAL SECURITY NUMBER		8. MARITAL STATUS AT TIME OF DEATH			9. SURVIVING SPOUSE'S NAME (If spouse, give name prior to first marriage)		
		<input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed (but not remarried) <input type="checkbox"/> Divorced (but not remarried) <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown					
10a. RESIDENCE STREET ADDRESS				10b. APT. NO.		10c. CITY OR TOWN	
2043 BISCAYNE DRIVE						LEWISVILLE	
10d. COUNTY		10e. STATE		10f. ZIP CODE		10g. INSIDE CITY LIMITS?	
DENTON		TEXAS		75067-7420		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
11. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE				12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE			
OSCAR EARL GAARDER				CARMELLA DENICOLA			
13. PLACE OF DEATH (CHECK ONLY ONE)							
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)							
14. COUNTY OF DEATH		15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO)			16. FACILITY NAME (If not institution, give street address)		
DENTON		LEWISVILLE, 75067			INSPIRED LIVING OF LEWISVILLE		
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED				18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)			
DAVID ANDREW CADDOO - SON				2043 BISCAYNE DRIVE, LEWISVILLE, TX 75067-7420			
19. METHOD OF DISPOSITION		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH			21. <input checked="" type="checkbox"/> Unknown		
<input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Mausoleum <input type="checkbox"/> Other (Specify)		BRADLEY SUTTON, BY ELECTRONIC SIGNATURE - 11079			Section _____ Block _____ Lot _____ Space _____		
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)				23. LOCATION (City/Town, and State)			
METRO MORTUARY AND CREMATORY				SACHSE, TX			
24. NAME OF FUNERAL FACILITY				25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)			
DALTON AND SON FUNERAL HOME				1550 N STEMMONS FRWY, LEWISVILLE, TX 75067			
26. CERTIFIER (Check only one)							
<input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated.							
<input type="checkbox"/> Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.							
27. SIGNATURE OF CERTIFIER				28. DATE CERTIFIED (mm-dd-yyyy)		29. LICENSE NUMBER	
ROSALINE SHARIFI, BY ELECTRONIC SIGNATURE				DECEMBER 9, 2020		N6656	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)				32. TITLE OF CERTIFIER		30. TIME OF DEATH (Actual or presumed)	
ROSALINE SHARIFI 800 W. RANDOL MILL RD, ARLINGTON, TX 76012				DO		01:30 PM	
33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.						Approximate interval Onset to death	
IMMEDIATE CAUSE (Final disease or condition resulting in death)						DAYS	
a. COVID 19 PNEUMONIA						Due to (or as a consequence of):	
b. COVID 19 VIRUS						Due to (or as a consequence of):	
c.						Due to (or as a consequence of):	
d.						Due to (or as a consequence of):	
PART 2. ENTER OTHER CAUSE GIVEN IN PART 1							
DIABETES MELLITUS, DEMENTIA, HISTORY BREAST CANCER							
34. WAS AN AUTOPSY PERFORMED?		35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No					
36. MANNER OF DEATH		37. DID TOBACCO USE CONTRIBUTE TO DEATH?		38. IF FEMALE:		39. IF TRANSPORTATION INJURY, SPECIFY:	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Previously <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year		<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
40a. DATE OF INJURY (mm-dd-yyyy)		40b. TIME OF INJURY		40c. INJURY AT WORK?		40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
40e. LOCATION (Street and Number, City, State, Zip Code)				40f. COUNTY OF INJURY			
41. DESCRIBE HOW INJURY OCCURRED							
42a. REGISTRAR FILE NO.		42b. DATE RECEIVED BY LOCAL REGISTRAR		42c. REGISTRAR			
				Tara Das			

EDR NUMBER 00004444895193

This is a true and correct copy of the record as registered in the State of Texas. Issued under the authority of Section 191.051, Health and Safety Code.

ISSUED Dec 16 2020

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

